

A disquieting feeling of strangeness?: the art of the mentally ill

Allan Beveridge MPhil FRCPsych

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The art of the mentally ill is currently the focus of great interest. There have been numerous books on the subject, the emergence of specialized journals, international exhibitions, and the sale of work at ever-increasing prices. The creations of mentally ill patients have been given various names, such as 'outsider art', 'psychotic art', 'art brut' and 'art extraordinary'. The area has attracted psychiatrists, artists and historians.

Psychiatrists have been interested in what such art reveals about the mental state of the artist; for example, Sims¹ used a picture by a psychotic patient to illustrate the cover of his textbook on psychopathology. Here art is being used as a visual demonstration of mental illness. Artists have claimed to find in the pictures of the psychotic a liberating disregard for cultural convention and orthodoxy, and have hailed these patient-artists as intrepid explorers of new artistic landscapes. Historians have been interested in several aspects of the art of asylum patients. Why was such work produced in the first place? What can it tell us about the asylum world? And, finally, why is such patient-work, which was initially considered to be artistically worthless, now held to possess significant aesthetic value—a process that MacGregor² has called 'the discovery of the art of the insane'. These disciplines bring with them contrasting perspectives, but at the core of these discussions are two questions: Is there anything distinctive about the art created by those deemed mad? If so, is it possible to recognize and describe its distinctive features?

At the beginning of the nineteenth century, two major factors contributed to the awakening interest in the art of the insane—the Romantic movement, which identified madness as an exalted state allowing access to hidden realms; and the emergence of the asylum, which provided a location for the production of patient-art. Romanticism saw madness as a privileged condition: the madman, unrestrained by reason or by social convention, was perceived as having access to profound truths. The Romantics emphasized subjectivity and individualism, and hailed the madman as a hero, voyaging to new planes of reality. Although the equation of madness and genius originated

with Plato, it was only in the nineteenth century that it became an important feature of cultural discourse³. From the proposition that the genius was a kind of madman it was logical to ask whether the mad themselves create works of genius.

The growth of the asylum and attendant rise of the psychiatric profession has been the subject of intense debate, stimulated by Michel Foucault's ground-breaking *Madness and Civilization*⁴. While recent scholarship has painted a complex picture, which finds evidence not only of oppression but also of humanity, it is undeniable that the asylum era witnessed the creation of large, captive and often long-term populations of the mentally disturbed. It also saw the emergence of asylum doctors, some of whom began to take an interest in the artistic productions of their patients.

PSYCHIATRISTS

Pinel, the pioneering French alienist, appears to have been the first to write about the art of the mentally ill. In his *Medical Treatise on Mental Disorder or Mania*, published in 1801, he made mention of two patients who drew and painted. A little later, the American Benjamin Rush wrote that the development of insanity could sometimes unearth hidden artistic talents: it could throw 'upon its surface precious and splendid fossils, the existence of which was unknown to the proprietors of the soil in which they were buried'⁵. Rush was articulating what was to become a common perception—that madness carried the promise of artistic achievement. John Haslam, apothecary at the Bethlem Hospital, was probably the first clinician to reproduce patient work in his *Illustrations of Madness*⁶, which featured a drawing by James Tilly Matthews. However, Haslam reproduced the drawing to show that Matthews was mad, rather than from any aesthetic considerations.

W A F Browne, the first Superintendent of the Crichton Royal Asylum in Dumfries, was another clinician who took an interest in the art of inmates, and in 1880 he wrote an article entitled 'Mad Artists'⁷. However, Browne was interested in proving his thesis that the art of the mentally disturbed was no different from that of healthy people, and he seems to have selected the more conventional pictures

and ignored the stranger creations—more specifically the type of work that would nowadays be called ‘outsider art’. Browne’s emphasis on the essential normality of patients’ art addresses one of the fundamental questions in this area—namely, is there anything distinctive about the work of the mentally ill? For Browne, the answer was no.

Another nineteenth century alienist who took an interest in the art of the insane was the Italian clinician Cesare Lombroso, who collected a large amount of patient work. He outlined his views in his book *The Man of Genius*⁸. Lombroso subscribed to the theory of degeneration and saw insanity as representing an atavistic regression to an earlier more savage stage of human development. He believed that genius and insanity were closely related, and that genius was in fact a type of insanity, more specifically ‘a degenerative psychosis of the epileptoid group’. Lombroso thus approached the mad-genius controversy from the opposite side to the Romantics. Yes there was a link, he agreed, but it was not one to extol: both the madman and the genius were types of degenerate.

For his book Lombroso collected 108 patients whom he considered to show artistic tendencies. Like Benjamin Rush he noted that insanity was able ‘to transform into painters persons who have never been accustomed to handle a brush’. Lombroso examined the work of the mad, looking for distinctive features, and concluded that there were certain recognizable characteristics of insane art. These included such features as ‘eccentricity’, ‘symbolism’, ‘minuteness of detail’, ‘obscenity’, ‘uniformity’ and ‘absurdity’. Although Lombroso has often been condemned as an aesthetically blinkered clinician who embraced a now discredited theory of degeneration, his writing does suggest that, at some level, he was alive to the strange power of his patients’ art.

The first book to address the art of mental patients from an aesthetic rather than a clinical point of view was *Art by the Mad*⁹, which was published in Paris in 1907 by Paul Meunier, a psychiatrist, who wrote under the pseudonym, Marcel Reja. He saw the art of the insane as primitive in character, but unlike Lombroso he did not think the work was pathological in itself. Rather he felt that a study of such work might yield an understanding of artistic creativity in general.

In 1921, a Swiss psychiatrist Walter Morgenthaler published *A Mental Patient as Artist*¹⁰, about the patient, Adolf Wolfli, who has become the most celebrated outsider artist and whose work now hangs in public galleries. Morgenthaler became acquainted with Wolfli when employed as a psychiatrist at Waldau Asylum, near Bern. Morgenthaler arranged for Wolfli to be supplied with materials such as pencils and paper, and over the years he spent long periods with Wolfli, talking to him as he worked on his pictures in his single asylum cell. Morgenthaler’s

book was borne of a deep knowledge of his subject, and he made the case for taking the work of psychotic patients seriously.

Morgenthaler was influenced by the psychiatric schools of Kraepelin and Bleuler, but also by the psychiatrist-philosopher Jaspers and the art historian Worringer. Morgenthaler wished to study the origins of artistic creativity in an individual whose insanity, he contended, made these origins more visible than they would have been in a sane person.

The following year, Hans Prinzhorn, a German psychiatrist working at the Heidelberg Hospital, published the classic *Artistry of the Mentally Ill*¹¹, in which he derided attempts, as exemplified by Lombroso, to search for diagnostic clues in the creations of the mad, arguing that such art should be approached as the work of individuals rather than inspected for signs of insanity. Prinzhorn’s book contained the work of ten ‘schizophrenic masters’. The use of this term signified that Prinzhorn felt that such work had aesthetic value. The ‘schizophrenic masters’, include such patient-artists as Karl Brendel, Peter Moog and August Neter (Figure 1). Having rejected an inventory of the superficial traits of insane art, Prinzhorn judged that the work of patients with schizophrenia was best characterized by a ‘disquieting feeling of strangeness’. Further, he argued that ‘We sense in our pictures the complete autistic isolation and the gruesome solipsism which far exceeds the limits of psychopathic alienation, and believe that in it we have found the essence of schizophrenic configuration.’

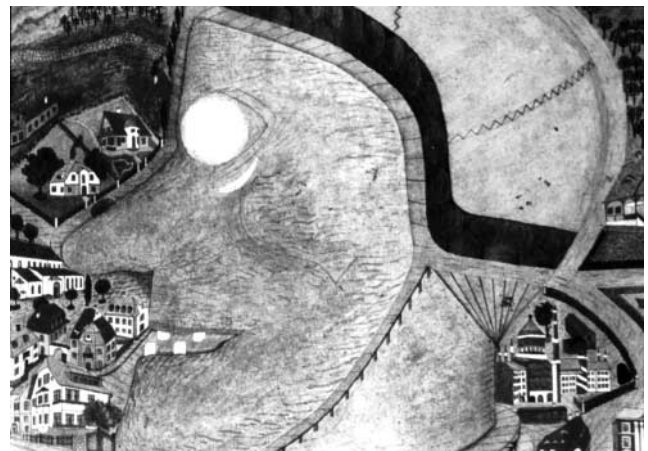


Figure 1 August Neter. *Witch's Head* (Prinzhorn Collection)

Subsequent research has revealed some discrepancies in Prinzhorn’s work¹². First, Prinzhorn presented a rather Romantic picture of the asylum artist, who was held to be untutored and uneducated. In fact several of the patient-artists in his collection were knowledgeable about culture and had painted before admission to the asylum. Secondly, although Prinzhorn hailed the patients with schizophrenia as

the most profound and creative group, not all of the 'masters' were actually schizophrenic. Prinzhorn also ignored the social context in which the work was produced. By doing so, he neglected the effects of incarceration on the creation of patient-art. In addition, the view that patient-artists were indifferent to the reception of their work has proved to have been unfounded. For example, Wolfli was aware of the market for his work and produced pictures on commission¹³.

In 1965, Leo Navratil, an Austrian psychiatrist, published *Schizophrenia and Art*. Navratil held that artistic expression was a symptom of schizophrenia, and that this expression could bring about a healing process. Navratil described four main features—formalization; deformation; use of symbols; and a tendency to impose facial interpretations on shapes¹⁴. Subsequently, Navratil set up an Artists' House in the grounds of the psychiatric hospital at Gugging, near Vienna. This venture has given rise to several patient-artists, such as Johann Hauser and August Walla.

ARTISTS AND ART CRITICS

Before the twentieth century, several artists such as Hogarth, Goya, Géricault and Fuseli had taken an interest in the insane, though mainly as subject matter for their painting. It was really in the early 1900s that the *art* of the mentally ill began to attract the artistic community. This interest should be seen in the general context of a disaffection with established western culture and a search for new modes of expression. Artists looked to so-called primitive cultures, to the art of children, and, of course, to the art of the mad. For example, Paul Klee, like many Expressionists, was greatly influenced by Prinzhorn's book. He wrote:

'In our own time worlds have opened up which not everybody can see into, although they too are part of nature. Perhaps it's really true that only children, madmen and savages see into them'².

Max Ernst was also intrigued by the art of the insane, and his work clearly reflects its influence. Ernst was probably responsible for introducing Prinzhorn's book into French Surrealist circles, where it created a profound impression. Inspired by the writings of Sigmund Freud, the Surrealists wished to explore the unconscious, and saw dreams, automatic writing and madness as a means of entering this dark and disturbing territory. They regarded madness as a state of absolute freedom—a state in which bourgeois law had no jurisdiction. Madmen were perceived to have broken free from the cage of reason and logic. As the poet, Paul Éluard wrote:

'We who love them understand that the insane refuse to be cured. We know well that it is we who are locked up when the asylum door is shut: the prison is outside the asylum, liberty is to be found inside'².

In the first *Surrealist Manifesto*, André Breton, the leading theorist of the movement, wrote:

'The confidences of madmen: I would spend my life in provoking them. They are people of a scrupulous honesty, and whose innocence is equalled only by mine. Columbus had to sail with madmen to discover America'¹⁵.

A few years later, Breton published an autobiographical novel, *Nadja*, in which he described his real-life encounter with a young woman who was descending into psychosis. Here he did indeed provoke the confidences of the mad. The young woman, the eponymous Nadja, formed a relationship with Breton during which she became mentally more disturbed, ultimately being admitted to an asylum. In her last weeks with Breton she completed a series of drawings, some of which were reproduced in the novel. Breton acknowledged that he may have played a part in precipitating Nadja's breakdown. He did not visit her in the asylum, and instead railed against the psychiatric system. Polizzotti¹⁶ is surely right when he suggests that Breton's anger was fuelled by his personal guilt over Nadja's predicament. Breton's novel can be read as a collision between an intellectual theory of madness and the actual experience of the sufferer.

The Surrealist view of insanity was essentially a Romantic one, in which madness was seen as a process of liberation—a voyage of discovery to the unconscious. This Romantic view was undermined by the fate of an artist connected with Surrealist circles, Antonin Artaud, whose mental breakdown demonstrated that madness was a terrifying and dislocating experience¹⁷. Artaud heard voices, developed delusions about doubles and magical conspiracies, and had bouts of extreme withdrawal. He spent several years in asylums, where he drew pictures and came to identify with Vincent Van Gogh. Artaud contended that society was hostile to men of genius, locking them up in institutions or driving them to suicide. In his words, Van Gogh had been 'suicided by society'.

The artist who most comprehensively embraced the work of the mad was Jean Dubuffet, who was greatly inspired by the work of Wolfli and also by Prinzhorn's book. He went on to make his own collection of patient-art, which he amassed from asylums throughout Europe and which is now housed in Lausanne. Dubuffet believed that western culture was arid and stifled by convention and tradition. He saw in the work of the mentally ill a breaking

away from these constraints. As he wrote, 'Madness unburdens a person, giving him wings and helping his clairvoyance'¹⁸. Dubuffet christened such work *art brut* (Figure 2).



Figure 2 Heinrich Muller. *Two Faces* (Collection de l'Art Brut with permission)

Dubuffet's views, like those of the Surrealists, owed much to the Romantic movement. There is in the writings of Dubuffet a curious paradox in which, on one hand, the mentally ill are accorded special abilities such as the possession of startling visions and insights, and, on the other, the existence of such a thing as mental illness is denied. Further, there is another paradox in which psychiatrists are derided for reducing people to diagnostic categories, while the same writings hail patients diagnosed as schizophrenic as the undisputed masters of the genre. Dubuffet's notion that madmen were able to escape the influence of the culture in which they lived now seems untenable.

Dubuffet's influence can be seen in later accounts of the art of the mentally ill—for example, in the writings of Michel Thevoz¹⁹. Quoting R D Laing with approval, Thevoz sees insanity as a refusal to adapt to a sick society. Further, he perceives madness as an inner voyage, and psychiatrists with their drugs and hospitals as inimical to creativity. Thevoz raises the question as to whether modern-day psychiatric treatment has served to destroy the artistic potential of the mentally ill. It is not clear that medication does stifle creativity. Jamison²⁰, in her survey of mentally ill artists, found that, while some felt that medication impaired their abilities, others reported that it gave them the stability to work. Thevoz does concede that there is an important ethical point here: is it better for the patient to feel well but uninspired, or to be tormented but creative?

The term outsider art was introduced to the English-speaking world in 1972 by Roger Cardinal¹⁴ in his book of the same name. The book not only examined the work of the mentally ill but also encompassed other groups such as

eccentrics and misfits. More recent surveys, for example by Maizels²¹, Ferrier²² and Rhodes²³, give a measured assessment of the art of the mentally ill which contrasts with the extravagant claims of Dubuffet and Thevoz.

HISTORIANS

The major historical work in the field is John MacGregor's *The Discovery of the Art of the Insane*². Representing over ten years' research, it covers a vast area and provides a scholarly survey which combines art criticism, psychoanalysis and psychiatric history. The book, however, does demonstrate some of the problems that arise when discussing the art of the mentally ill. First, it takes what we might call a whiggish approach to history. Previous generations are criticized for lacking the sophistication to appreciate the art of the mad. Slowly, it is held, a more enlightened attitude has developed, culminating in the current explosion of interest in the subject. Ironically, a new 'academy' has emerged which decides which artists should be admitted or excluded.

Secondly, although the book initially warns against Romantic views of insanity, it ends by finding madness a condition productive of works of genius, at least in certain rare individuals. Thirdly, despite the burgeoning industry critical of Freud, it holds that psychoanalysis is the best method to understand and decode the works of the mentally ill. Previous writers such as Morgenthaler are measured by their theoretical affinity to the tenets of Freudianism. It is by no means clear that psychoanalysis does offer the best way of interpreting the art of the mentally disturbed. There is a danger that a psychoanalytical approach becomes an essentially reductive exercise in which images are examined for evidence of Freudian symbolism.

In addition to MacGregor's *magnum opus* there are several historical accounts of individual patient-artists. Andrew Kennedy²⁴, an inmate of institutions in Glasgow and Dumfries, produced strange and disturbing pictures. It is apparent that his doctors did not value his work and ignored it. Now hailed as an outsider artist, the case of Kennedy illustrates the changing perceptions as to what is considered art. Another study of a Scottish asylum inmate, John Gilmour²⁵, demonstrated that his work was a direct response to incarceration, depicting the workings of what he called 'The Lunatic Manufacturing Company'. Individual studies of Charles Doyle²⁶, Adam Christie²⁷ and Angus McPhee²⁸, all from the Montrose Asylum, have portrayed the asylum as a congenial environment that allowed inmates the time and space to produce creative work.

Dale's²⁹ book on Louis Wain, the Edwardian cat-painter who developed a psychotic illness and spent his last years in London mental hospitals, describes the dangers of making a psychiatric diagnosis on the basis of a visual image. He shows how clinicians misinterpreted Wain's experiments

with design as evidence of psychotic disintegration. In Allderidge's³⁰ book on Richard Dadd, the Victorian artist who became homicidally insane and who was confined at Broadmoor, the effects of madness on a professional artist are portrayed. Dadd's asylum pictures, such as his celebrated *The Fairy Feller's Masterstroke*, possess a strange compelling quality absent from the work he completed when sane.

CONCLUSION

In this brief survey, differing attitudes to the art of the mentally ill have been outlined. The subject raises questions as to how we think about art and madness. First, it illustrates our changing notions as to what is art. Various strands have contributed to these changes—the Romantic movement of the 1800s; the twentieth century's interest in looking for new modes of artistic expression outwith mainstream western culture; and, more recently, the growing attention paid to so-called marginalized groups, perhaps fuelled by the influence of postmodernism, which has undermined the idea of a fixed and authoritative canon of western art.

Secondly, with regard to our ideas about madness, do we align ourselves with Jaspers³¹, who holds that insanity represents a decisive break from normality, or with certain cognitive psychologists, who maintain that there is a continuum between the sane and the insane? If the former, this adds weight to the claim that the art of the insane is possessed of a unique quality. If the latter, then we may conclude that there is nothing singular about the work of the mad. In fact, when asked if there is anything distinctive about such art, most commentators reply no and yes.

No, in the case of the great majority of the mentally ill, who, it is maintained, produce perfectly unremarkable work. But yes in the case of a small proportion of patient-artists whose creations are regarded as particularly distinctive. Attempts to describe the nature of this distinctive quality have proved elusive. Rhodes has contended that it is misguided to search for defining stylistic characteristics. At the beginning of the last century, Hans Prinzhorn also decided that such a venture was ill-advised, although he did feel there was *something* different about the work of the mentally ill. In the end, perhaps we can do no more than agree with Prinzhorn that this *something* lies in 'a disquieting feeling of strangeness'.

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